



Report Identification Number: RO-15-031

Prepared by: Rochester Regional Office

Issue Date: 4/19/2016

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 29 day(s)

Jurisdiction: Chemung
Gender: Unknown

Date of Death: 10/07/2015
Initial Date OCFS Notified: 10/07/2015

Presenting Information

On 10/07/15, Chemung County Department of Social Services (CCDSS) received an initial report from the State Central Register (SCR) regarding the family of the subject child (SC). The report alleged that the birth mother (BM) went to sleep at about 8:00 am with the SC and a 2-year-old surviving sibling (SS) in the bed with her. The BM woke up at about noon, finding the SC deceased. The home is covered in feces and urine on the floors and the children's sleeping areas. The BM, birth father (BF), and paternal grand father (PGF) are caregivers for the SC and three surviving siblings. The paternal grandmother (PGM) was listed with an unknown role.

Executive Summary

This fatality report concerns the death of a 29 day old male that occurred on 10/07/15 . CCDSS received an initial SCR report in regards to the SC on the same date with allegations of Dead on Arrival/Fatality (DOA), Inadequate Guardianship (IG) and Inadequate Food, Clothing, Shelter (IFCS). During the course of the investigation Parental Drug Abuse/Misuse (PDAM) was added as an allegation. The BM, BF, and PGF were listed as subjects of the report. The PGM was listed with an unknown role. The three surviving siblings were listed as maltreated.

CCDSS initiated the investigation timely and conducted a joint investigation with Law Enforcement (LE). CCDSS completed adequate safety/risk assessments and implemented appropriate safety plans when needed. CCDSS conducted a very comprehensive investigation and assessment of service needs. In addition, CCDSS referred the family to appropriate community services to address the identified needs in an effort to minimize risk factors.

The report was indicated against the BM, BF, and PGF as credible evidence was found to support all allegations and all three elements of maltreatment. All allegations were substantiated, except for PDAM. CCDSS determined that the PGM did not have any caretaking responsibilities of any of the children.

The DOA/FAT allegation was substantiated against the BM only as the SC was in her care at the time of death. CCDSS determined that the BM failed to provide a minimal degree of care as she co-slept with the SC in an unsafe sleeping environment with several aggravating factors. The BM admitted to drinking alcohol prior to going to sleep, the BM was aware that the SC had congestion issues, the air quality in the home was poor due to cigarette smoke, the BM admitted that she was tired as she had stayed awake all night, the physical sleeping space was unsafe due to the presence of multiple blankets, pillows and toys. In addition, the 2-year-old was sleeping in the bed and the BM reported that she had a history of rolling around while sleeping. Rigor was present on the SC's face, which is indicative of a face down position at the time of death.

There are no corrective actions needed.

Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

As noted above.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

As noted above.

Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)? Yes No

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/07/2015

Time of Death: 02:00 PM

Time of fatal incident, if different than time of death: Unknown

County where fatality incident occurred: CHEMUNG

Was 911 or local emergency number called? Yes

Time of Call: 12:59 PM

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? Unknown

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant



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Playing
 Other

Eating

Unknown

Did child have supervision at time of incident leading to death? Yes

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

At time of incident supervisor was:

Drug Impaired

Alcohol Impaired

Distracted

Impaired by disability

Absent

Asleep

Impaired by illness

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	29 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	32 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	42 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	66 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	11 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	13 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	2 Year(s)

LDSS Response

On 10/7/15 CCDSS responded to the home to assess the safety of the surviving siblings. CCDSS learned that the BM was co-sleeping with the SC and the 2-year-old SS. CCDSS observed that the entire home was in deplorable condition. CCDSS observed the queen size bed that the SC was sleeping on and determined that it was an unsafe sleeping environment for an infant as several aggravating factors were present that would place an infant at risk of impairment or imminent danger of impairment. CCDSS determined that safety factors existed but did not rise to the level of immediate or impending danger in regards to the surviving siblings.

On the same day the BM, BF, 13-year-old, and 11-year-old surviving siblings were all interviewed. The paternal grandparents were not at the home at the time of the death of the SC. It was determined that the BF left the home at about 4:30 a.m. for work leaving all children in the care of the BM. At about 6 a.m., the BM was up with the SC as he was awake. At the same time, the BM woke the 11-year-old up for school. He left the home at about 6:45 a.m. At that time, the mother thought that the 13-year-old had left the home too. However, the BF reported that she informed him that she didn't feel well via text message and he gave her permission to stay home. At about 7 a.m. the BM placed the 2-year-old SS

upstairs to sleep in her bedroom. At about 8 a.m., the BM and the SC also went upstairs and went to sleep in the same bed. The BM lay on the outside of the bed and she placed the SC in the middle of the bed on his back between herself and the 2-year-old. The BM reported that she woke up around noon and noticed that the SC was on his side and not breathing. She made attempts to revive the SC by breathing into his mouth, but did not provide chest compressions. She then called 911 for assistance.

On the same day, CCDSS conducted a face-to-face interview with Emergency Medical Service responders. EMS reported that when they arrived the SC was deceased with rigor mortis and lividity. Resuscitation efforts were started and a monitor was applied to determine cardiac rhythms but there was no activity. The Medical Examiner's office responded to the home and took possession of the body.

On 10/8/15, CCDSS conducted a collateral contact with the SC's pediatrician. As per the pediatrician, the SC was last seen on 9/12 & 9/24 of 2015. During the visits safe sleeping was discussed with BM and she was made aware of the dangers. The BM denied co-sleeping with the SC. It was noted that the SC was congested. As per the pediatrician, smoking in the home around an infant does affect breathing.

Between October and December CCDSS conducted several face-to-face contacts with all household members, appropriate collaterals, and completed necessary referrals to services to address all identified CPS concerns. CCDSS determined that the family had adequately addressed all safety/risk concerns. On 12/3/15, LE informed CCDSS that criminal charges would not be filed against the BM. LE reported that they believed that the SC died due to the unsafe sleeping environment.

On 1/12/16, CCDSS conducted a collateral contact with the Monroe County Medical Examiner (ME). As per the ME, trauma to the SC's head or brain was not found and the toxicology reports were pending. The cause of death would either be positional asphyxia or un-determined if the medical evidence does not support positional asphyxia. The ME did report that the SC was placed to sleep in an unsafe sleep environment. The ME further reported that if a person is face down and deceased for a long period of time, blood tends to pool in the front of the body. CCDSS noted that this information was consistent with the rigor found on the SC, which is evidence of a face down position at the time of death.

CCDSS indicated and closed the report on 2/15/16.

To date, the final autopsy report has not been issued.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes



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SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
026661 - Deceased Child, Male, 29 Days	026922 - Mother, Female, 35 Year(s)	DOA / Fatality	Substantiated
026661 - Deceased Child, Male, 29 Days	026922 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Substantiated
026661 - Deceased Child, Male, 29 Days	026664 - Grandparent, Male, 66 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
026661 - Deceased Child, Male, 29 Days	026665 - Father, Male, 32 Year(s)	Inadequate Guardianship	Substantiated
026661 - Deceased Child, Male, 29 Days	026665 - Father, Male, 32 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
026661 - Deceased Child, Male, 29 Days	026664 - Grandparent, Male, 66 Year(s)	Inadequate Guardianship	Substantiated
026661 - Deceased Child, Male, 29 Days	026922 - Mother, Female, 35 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
026670 - Sibling, Female, 13 Year(s)	026922 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Substantiated
026670 - Sibling, Female, 13 Year(s)	026665 - Father, Male, 32 Year(s)	Inadequate Guardianship	Substantiated
026670 - Sibling, Female, 13 Year(s)	026664 - Grandparent, Male, 66 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
026670 - Sibling, Female, 13 Year(s)	026664 - Grandparent, Male, 66 Year(s)	Inadequate Guardianship	Substantiated
026670 - Sibling, Female, 13 Year(s)	026665 - Father, Male, 32 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
026670 - Sibling, Female, 13 Year(s)	026922 - Mother, Female, 35 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
026671 - Sibling, Male, 11 Year(s)	026664 - Grandparent, Male, 66 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
026671 - Sibling, Male, 11 Year(s)	026664 - Grandparent, Male, 66 Year(s)	Inadequate Guardianship	Substantiated
026671 - Sibling, Male, 11 Year(s)	026665 - Father, Male, 32 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
026671 - Sibling, Male, 11 Year(s)	026665 - Father, Male, 32 Year(s)	Inadequate Guardianship	Substantiated
026671 - Sibling, Male, 11 Year(s)	026922 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Substantiated
026671 - Sibling, Male, 11 Year(s)	026922 - Mother, Female, 35 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
026672 - Sibling, Female, 2 Year(s)	026922 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Substantiated
026672 - Sibling, Female, 2 Year(s)	026665 - Father, Male, 32 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated



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Year(s)		Shelter	
026672 - Sibling, Female, 2 Year(s)	026665 - Father, Male, 32 Year(s)	Inadequate Guardianship	Substantiated
026672 - Sibling, Female, 2 Year(s)	026664 - Grandparent, Male, 66 Year(s)	Inadequate Guardianship	Substantiated
026672 - Sibling, Female, 2 Year(s)	026922 - Mother, Female, 35 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
026672 - Sibling, Female, 2 Year(s)	026664 - Grandparent, Male, 66 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity



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Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No
 Was there an open CPS case with this child at the time of death? No
 Was the child ever placed outside of the home prior to the death? No
 Were there any siblings ever placed outside of the home prior to this child's death? No
 Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old



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During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/09/2014	8346 - Sibling, Female, 12 Years	8344 - Mother, Female, 34 Years	Educational Neglect	Far-Closed	No
	8348 - Sibling, Male, 10 Years	8344 - Mother, Female, 34 Years	Educational Neglect	Far-Closed	
	8348 - Sibling, Male, 10 Years	8345 - Father, Male, 31 Years	Educational Neglect	Far-Closed	
	8346 - Sibling, Female, 12 Years	8345 - Father, Male, 31 Years	Educational Neglect	Far-Closed	

Report Summary:

The then 12 year old and 10 year old surviving siblings had missed a total of 38 days of school and had been late 7 times. The 12-year old was not getting sufficient education due to the absenteeism. The child was failing as a result. The parents were aware and failed to address the issue. The parents were listed as subjects. CCDHS met with all members of the family and appropriately addressed the CPS safety and risk concerns. A family services stage was opened for preventive services on 5/21/14. The family engaged well with CCDSS and attendance for both children improved. The FSS was closed on 6/12/16.

OCFS Review Results:

CCDSS complied with all regulations regarding Family Assessment Response (FAR).

Are there Required Actions related to the compliance issue(s)? Yes No

CPS - Investigative History More Than Three Years Prior to the Fatality

CCDSS received a total of 5 reports from the SCR regarding the family. The reports were received on 7/22/2008, 2/13/2009, 3/12/2009, 2/2/11 and 6/3/12. On all of the reports the BM and BF were listed as subjects and the oldest two surviving siblings were listed as maltreated. The allegations included Inadequate Guardianship (IG), Lack of Supervision (LOS), Lack of Medical Care (LMC) and Educational Neglect (EN). Of the 5 reports, 2 were tracked FAR and 1 was indicated.



Known CPS History Outside of NYS

No known CPS history outside of NYS.

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child’s siblings, and/or the other children residing in the deceased child’s household at the time of the fatality.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child’s siblings, and/or the other children residing in the deceased child’s household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No